

## SOCIAL SECURITY NUMBER RECORD CHANGE REQUEST

Please note that in order to process a change in social security number, this form must be completed in its entirety. Incomplete forms will be returned. Concerned with the proliferation of identity theft, the department now requires submission of multiple forms of identification.

**A. Applicant Identification Information. Please print all.**

Last Name		First Name		Middle Name/Initial	
Street Address					
City		State		Zip	
Social Security Number		Date Of Birth	Month	Day	Year

**B. STATUS**

Responses to the following two questions are mandatory. Failure to complete these items will result in rejection of the candidate's application for certification.

	Circle which applies below
Have you ever had a certificate revoked or suspended in this or any state?	Yes      No
Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States?	Yes      No

**C. DOCUMENTATION REQUIREMENTS**

In the following section, the applicant is required to submit *no less than two* types of identification in addition to a photocopy of an individual's social security card, which is mandatory. Clear and legible photocopies of these cards and papers should be attached to this form. Once completed and notarized, the form and the attachments should be forwarded to: New Jersey State Department of Education, Office of Licensure and Credentials, P.O. Box 500, Trenton, New Jersey, 08625-0500. Attention: Social Security Number Record Change Request.

**PLEASE COMPLETE SECTIONS ON NEXT PAGE**

**D. IDENTIFICATION**

Submission of a copy of the applicant's social security card, as indicated in Section (a) below, is mandatory. Requests received that do not include the applicant's social security card as part of the submitted documentation will be returned. In addition to this requirement, the applicant can then select any two (2) of the items listed in Section (b) for submission.

**SUBMISSION OF IDENTIFICATION**

Section		Item Description	Attachments
(a)		<b>SOCIAL SECURITY CARD.</b> A photocopy of the applicant's social security card <i>must</i> be submitted as one of three types of identification for the purpose of changing an individual's social security number. For a replacement card please contact the Social Security Administration at 1-800-772-1213 or go to <a href="http://www.ssa.gov/ssnumber">http://www.ssa.gov/ssnumber</a> and click on Replacement Card. The remaining two items may be selected from the items listed below. Change requests that do not include a photocopy of the social security card, will be rejected.	<b>REQUIRED</b>
			Indicate with check-mark if attached.
(b)	1	Certificate of Birth (Raised Seal Copy)	
	2	Valid New Jersey or Out-of-State Auto Operator License	
	3	United States Passport (current or expired within 3 years)	
	4	Adoption Papers	
	5	Certificate of Citizenship	
	6	Certificate of Naturalization	
	7	Valid United States Military Photo ID Card	
	8	Valid New Jersey Non-Driver Digital ID Card	

Applicant's Signature

Date (mm/dd/yyyy)

Mail this request and any attachments to:

New Jersey State Department of Education  
Office of Licensure and Credentials  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Attention: Social Security Number Record Change Request